MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ <u>587 88, 3</u> APPLICANT(S) FILING DATE

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2				1		
3						
-4		4		_		
6		70				
2 3 4 5 6 7		0				
8		0				
9		(C)				
10		\mathbb{Q}				
11		8				
12 13		00				
14_		8				
15		8		(4)	i,	
16		0				
17		· (1)				
18 19				'		
19	-		—			 .
20		122		 		
21 22 23 24 25	- 1	W				
23	-					
24						
25						
26						
27						
28_		11/4				
30	-	10	4			
31_			1	1		-
32						_
33			-			-
34						
35						
36_						1
37			.			
38 39		 		-		
40	· · · · · ·		-			
41						
42						
43						
44				ļ		
45						<u> </u>
46_ 47		 	<u> </u>	 	 	1
47		 		 		
49		 			1	
50						
TOTAL		1	PT	1		1
IND. TOTAL		」	 	J 🔻		」
DEP.		←	26	(-
TOTAL						

S									
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
51									
52				0 3					
53 54									
55		-							
56									
57									
58_		ļ				-			
59 60									
61									
62									
63									
64_									
65						-			
66	-	-				-			
67 68		-		 	-	 			
69		 							
70									
71									
72									
73	 								
74 75	 		-	+		-			
76		 				 			
77									
78					•				
79						-			
80 81	ł 	 							
82	-	+	·						
83	<u> </u>								
84									
85									
86						_			
87 88	<u> </u>	 				-			
89		+		 		1			
90									
91									
92		-				<u> </u>			
93	 	-	·	 ·	-	 			
94 95	1			1		 			
96_	1	1	1	1		1			
97									
98									
99		<u> </u>			ļ				
100 TOTAL			_	+-		 _ _			
IND.		•		■ ■					
TOTAL DEP.		+		+		←			
TOTAL CLAIMS				ATT OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE P					